

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED KIM, JAE aka YONG KIM			VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-00005-003	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. KIM		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity: 1) 18 1029A.F -- PRODUCES/TRAFFICS IN COUNTERFEIT DEVICE				
<p>12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Van de Veld, Curtis C. SUITE 101 DE LA CORTE BUILDING 167 EAST MARINE CORPS DRIVE Hagatna GU 96910</p> <p style="text-align: center;">ACKNOWLEDGED RECEIPT <i>214-05</i> <i>Daniel.</i></p> <p>Telephone Number: (671) 472-1131 By: <i>DPM</i></p> <p>13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Subs For Other Prior Attorney's Name: _____ Appointment Date: _____</p> <p>14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) VAN DE VELD SHIMIZU CANTO AND FISHER SUITE 101 DE LA CORTE BUILDING 167 EAST MARINE CORPS DRIVE HAGATNA GU 96910</p> <p>15. In Court a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)</p> <p>(Rate per hour = \$) TOTALS:</p> <p>16. Out of Court a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets)</p> <p>(Rate per hour = \$) TOTALS:</p> <p>17. Travel Expenses (lodging, parking, meals, mileage, etc.)</p> <p>18. Other Expenses (other than expert, transcripts, etc.)</p> <p>19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____</p> <p>20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</p> <p>21. CASE DISPOSITION</p> <p>22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.</p> <p>Signature of Attorney: _____ Date: _____</p> <p>23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR / CERT</p> <p>28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE / MAG. JUDGE CODE</p> <p>29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT. APPROVED</p> <p>34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. DATE 34a. JUDGE CODE</p>				